

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS								
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
1	/		/				51								
2	/		/				52								
3	2		/				53								
4	(1)		/				54								
5	/		/				55								
6	/		/				56								
7	2		/				57								
8			/				58								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								